

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

10484

1. PLACE OF DEATH

County _____ Registration District No. 791
 Township _____ Primary Registration District No. 2038
 City St. Louis (No. Missouri Baptist Hosp) St. _____ Ward _____

2. FULL NAME

Valdo (Pavich) Pavich
 (a) Residence, No. 4149 Olive St. St. _____ Ward _____
 (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Stella (Pavich)</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 11, 1883</u>		
7. AGE	YEARS <u>49</u>	MONTHS <u>0</u>
	DAYS <u>3</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. <u>Cash 231</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Locale Cafe</u>	
	10. Date deceased last worked at this occupation (month and year) <u>July, 1931</u>	
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jugo Slava 29</u>		
FATHER	13. NAME <u>Eli (Pavich) Pavich</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jugo Slava</u>	
MOTHER	15. MAIDEN NAME <u>Julia Smarchinovich</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jugo Slava</u>	
17. INFORMANT (ADDRESS) <u>Stella (Pavich) Pavich</u> <u>4149 Olive St.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Hope</u> DATE <u>3-17</u> 19 <u>32</u>		
19. UNDERTAKER (ADDRESS) <u>Kriegshauer Mortuaries</u> <u>4104 North 27 St.</u>		
20. FILED <u>May 14 1932</u> <u>Max C. Stanley</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-14 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb-2 1932 to Mar-14 1932
 I last saw h. male alive on Mar-14 1932. Death is said to have occurred on the date stated above, at 10:15 a.m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma Cecum Date of onset _____
Arterio-sclerosis (1)
 Other contributory causes of importance:
Laparotomy Date of Apr-14-32
 Name of operation _____ Date of _____
 What test confirmed diagnosis? operation Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) J.H. Wales M. D.
 (Address) 4903 Delmar

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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